

63-036192

4942

STATE FILE NUMBER

**AMENDED**

Registration District No. 141 Primary Registration District No. 1002 Registrar's No.

**FILED SEP 23 1963**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) - a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>320 SOUTH INDIANA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>320 SOUTH INDIANA</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH				Month	Day	Year
			HARRY	LEE	HART	SEPTEMBER 7 1963						
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
MALE	WHITE		9-22-1873		89 YEARS		Months	Days	Hours	Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
RETIRED CLERK	ELECTRICAL CO.	EDINBOROUGH PENN.	U.S.A.

13a. FATHER'S NAME ORVIS V. HART	13b. MOTHER'S MAIDEN NAME MARY J. JERMIAN	14. NAME OF HUSBAND OR WIFE OPEL HART
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
NO		OPEL HART 330 So. INDIANA

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  DUE TO (c)	Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH Months	
	Arteriosclerotic Heart Disease		Years
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Years

<p><b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)</p>	<p><b>PART III. If deceased was female was there a pregnancy in last 90 days.</b></p>			
	<table border="1"> <tr> <td data-bbox="1419 846 1506 849"><input type="checkbox"/> Yes</td> <td data-bbox="1506 846 1596 849"><input type="checkbox"/> No</td> <td data-bbox="1596 846 1632 849"><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Sept 1958, to Sept 7, 1963 and last saw her alive on July 6, 1963.  
Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE	Degree or title	22b. ADDRESS	22c. DATE SIGNED
<i>[Signature]</i>	<i>[Signature]</i>	4176 St John, KC Mo	9-8-63

1-23a. BURIAL, CREMATION, REMOVAL (Specify) <b>9-10-63</b>	23b. DATE <b>9-10-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT MORIAM</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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24. FURNAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
M. H. H. H. H. H.	6000 T. H. H. H.	9-9-63	Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ
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**DOCUMENT**

**L. Ward** MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Robert L. W.

Dr. Ward  
St. Mary's Hosp.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Sumner, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.